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FE6AN026

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED

					Office Use Only 7
NAME OF COMMITTEE (in full)	TYPE OR PRINT		mple: If typing, ty the lines.	pe 12FE4M5	AL CENTER
IPSO FAC	70	1 1 1 1 1 1			
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ADDRESS (number and stre	eet) 16900	seven i	acks:	BOAD,	
Check if different than previously reported. (ACC)		JOHN		MD	20818-1-1-1
2. FEC IDENTIFICATIO		CITY 🛦		STATE ▲	ZIP CODE ▲
00518	530	3. IS THIS REPORT	NEW (N)	OR AM	IENDED
4. TYPE OF REPOR (Choose One)	Report	Feb 20 (M2)	May 2	20 (M5) Aug	20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reparts	Due On:	Mar 20 (M3)			20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Re	port (Q1) (c) 12-0	Apr 20 (M4)	Jul 20		20 (M10) Jan 31 (YE)
July 15 Quarterly Re	port (Q2)	E-Election ort for the:	Primary (12P) Convention (12C)	General (
October 15 Quarterly Re January 31	port (Q3)		<u> </u>		in the
Year-End Re July 31 Mid- Report (Non-	Year (d) 30-E	10-1			State of
Year Only) (F	Rep	ST-Election ort for the:	General (30G)	Runoff (3	Special (30S)
(TER)		Election on		B)\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	in the State of
5. Covering Period	07'01'	2012	through	09 130	2012
I certify that I have exami Type or Print Name of Tre	<u> </u>	the best of my kne	wledge and belief	it is true, correct and	d complete.
Signature of Treasurer	Contact	in A	der	Date Date	' <u>M'231Σ</u>
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.					
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